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GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

TIMOTHY K. WEBB, Ed.D.
COMMISSIONER

MEMORANDUM

TO: Teachers Interested in Reviewing Textbooks
FROM: Morgan Branch, Director, Textbook Services
DATE: October 15, 2008
SUBJECT: Application Process

Thank you for your interest in participating in the textbook review process. Upon approval of the proposed budget, the State Textbook Commission will be contracting with teachers to review materials for K-12

English Grammar and Composition, Foreign Language, and English as a Second Language.

We will be contracting directly with teachers. The application process will be open to any teacher who meets the statutory requirements (now teaching or supervising the respective subject, proper endorsement, and three or more years of public school experience) for serving on the local adoption committee. The Application has two sections. The first section are the forms required by the Textbook Commission. The second section contains the forms necessary for your contract with the state. **Please complete both sections.**

The Commission expects to use approximately thirty-three teachers for the review process which lasts from June through July. One member of the committee will return in September for a two day meeting.. Reviewers will be paid between \$1000 and \$2000 for reviewing the textbooks. Expenses for approved travel will be paid in accord with state travel regulations. Reviewers are also usually allowed to keep the materials reviewed.

The committee appointed to select the reviewers is scheduled to meet in early January. Teachers interested in applying should complete and return the attached application, including a notarized copy of the accompanying oath, to this office by **4:30 P.M., December 31, 2008**. Reviewers selected will be notified mid **January, 2009**.

An orientation session is scheduled in the Nashville area for **June 15-19, 2009**, and a debriefing session **July 27-31, 2009**. Reviewers will independently examine books in the interim between these sessions. Also a representative from each committee will meet with the publishers on **September 14-15, 2009** to hear their responses to the consensus reviews developed during the debriefing session. Any requests for time away from classes during your regular school year will be minimal and, of course, subject to local approval. The state will pay for substitute teachers during the time you are away from your classroom for this process.

We appreciate your interest in the process and look forward to receiving your completed application. If you have questions, you may contact Morgan Branch at (615) 253-3160 or Valerie Starks at (615) 253-4348. You may also reach us at the following address:

Morgan.Branch@state.tn.us or Valerie.Starks@state.tn.us

Attachments:

Reviewer Application

Section I

The following forms are to be **completed and returned with your Reviewer Application**

1. **Committee Application Form**
2. **Oath of Office**
3. **Timeline of Reviewer Events**

STATE TEXTBOOK COMMISSION EVALUATION COMMITTEE APPLICATION

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION REQUIRED

Name:		City/State:	
Home Address :		Zip Code:	
School System:		E-mail Address:	
School:		Home Phone:	
Teacher Certificate No.:		School Phone:	
Area of Endorsement (By Name and Number):		Social Security No.:	
Current Teaching Assignment:			
Number of Years in Current Teaching Assignment:			
Please describe any computer experience:			

Attach a Resume/Experience Summary: Include grade level taught, curriculum development at the state or local level, inservices conducted, workshops attended, etc. Cite specific activities which would reflect expertise in evaluating textbooks for the subject area for which you are applying.

Have you served on the state review committee before?

☐ Yes

☐ No

If yes, what committee and the year(s) served? _____

References: Attach two letters of recommendation.

Oath: Return oath notarized and signed with your application.

Work Sample: Attach a response to the following:

Textbook shall be defined as any medium or manual of instruction which contains a systematic presentation of the principles of a subject and which constitutes a major instructional vehicle for that subject. What are the most needed improvements in the subject area for which you are applying which could be addressed through improved textbooks? List specific criteria which could be applied to the textbooks submitted. Emphasize criteria which would assist the State Textbook Commission in selecting the books which best support these improvements. Include references to national standards if applicable.

Return Completed Application/Forms to:

Morgan. Branch, Director
Office of Textbook Services
Tennessee Department of Education
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0379
(615) 253-3160

APPLICATIONS MUST BE RECEIVED BY THIS OFFICE BY 4:30 PM December 31, 2008.

OATH

TO BE ADMINISTERED TO MEMBERS OF THE STATE TEXTBOOK COMMISSION EVALUATION COMMITTEE

"I do hereby declare that I am not now directly or indirectly financially interested in, or employed by, any textbook publisher or agency.

During calendar year 2009 and for a period of twelve months after completion of my duties as a textbook reviewer, I will not be employed by any textbook publisher nor become directly or indirectly financially interested in any of the proposed contracts, nor in any book, nor in any publishing concern handling or offering any books or other publications to the Commission for listing and adoption.

For the same periods of time mentioned above, I will not communicate any confidential or proprietary information acquired in my capacity as a textbook reviewer to any textbook publisher or publishing concern.

Finally, I do hereby promise that I will act honestly, faithfully and conscientiously, and in all respects will discharge my duties as assigned by the Commission to the best of my skill and ability."

Signed

Date

Subscribed and sworn to before me, in my presence, this _____ day of _____,
_____, a Notary Public in and for the state of Tennessee.

Notary Public

Tentative Reviewer Timeline

October 8, 2008 – December 31, 2008 - Applications accepted

January 15, 2009 - Selection of Committees

January 20, 2009 – February 15, 2009 – Acceptance Letters Sent and Returned

March 15, 2009 - Contracts Mailed to reviewers

March 25, 2009 - Signed Contracts Due in Textbook Office

April 1 - May 30, 2009 - Contracts Executed and Mailed to Reviewers

June 1, 2009 - Contract Begins

***June 15-19, 2009 - Reviewers Report to Nashville for Orientation and Publisher Hearings.** (Reviewers will be given an update on the standards, trained on the review instrument and software. Reviewers will also hear presentations by the publishers on the books bid for this section.)

June 15 – July 26, 2009 - Reviewers Independently Review Textbooks

***July 27 – July 31, 2009 - Reviewers Report to Nashville for Debriefing Session.** (In this session the committee writes a consensus review on each book reviewed.)

***September 14-15, 2009 - Textbook Commission Meeting and Publishers' Oral Responses to the Reviews.** (A representative for each committee reports to Nashville to hear oral responses from the publishers to the committee's reviews and to update the committee's reviews.)

December 31, 2009 - Contract Ends

*** Dates when you are to be in Nashville.**

Note, please block out the weeks in June and July, although there is a very good possibility that work will be finished before the week ends.



TB-Form I – Sec II

**Section II: English Grammar and Composition, Foreign Language, English As A Second Language
Categories to Be Bid**

Cat #	CATEGORY	Units Sold		
See Note <i>Co-Basal – Cat # + 6</i> <i>Alt- Low – Cat # + 7</i> <i>Alt-High – Cat # + 8</i>	ENGLISH LANGUAGE ARTS			
1010	English Grammar and Composition (R/1-8)			
1020	English Grammar and Composition 9 English I			
1030	English Grammar and Composition 10 English II			
1040	English Grammar and Composition 11 English III			
1050	English Grammar and Composition 12 English IV			
1110	English Handbooks			
1210	Integrated Language Arts 6-8			
1210	Integrated Language Arts 9			
1220	Integrated Language Arts 10			
1230	Integrated Language Arts 11			
1240	Integrated Language Arts 12			
1310	English as a Second Language (R/1-5)			
1320	English as a Second Language (6-8)			
1340	English as a Second Language (9-12)			
1410	Handwriting (R/1-6)			
1510	Dictionaries (Elementary, Middle, and High)			
1610	Competency English			
1710	Creative Writing (9-12)			
1810	Journalism and Mass Media (9-12)			
1910	Speech (9-12)			
	Foreign Languages			
2010	French (6-8, I, II, III, IV)			
2020	German (I, II, III, IV)			
2030	Latin (I, II, III, IV)			
2040	Spanish (6-8, I, II, III, IV)			
2050	Russian (I, II, III, IV)			
2060	Japanese (I, II, III, IV)			
2070	Chinese (I, II)			
NOTE: For all levels other than Basal use the following scheme:				
Co-Basal – Cat # + 6 Alt- Low – Cat # + 7 Alt-High – Cat # + 8	Example: You are bidding a Co-Basal book in a category.	Co-Basal- Cat # + 6	Cat #	Category
	English 6 (1010)	1010 +6 = 1016	1016	English 6- Co-Basal
For the latest information on content standards for Agricultural Education , please visit the TN Department of Education website: http://state.tn.us/education/ci/standards/index.shtml or contact: Laquisha Oliver, Consultant, English & Foreign Language, 615-532-6280 Jan Lanier, Consultant, English As A Second Language, 615-532-6314 Lynne Cohen, Consultant, Career and Technical Education, 615-532-28 Kevin Whittington, Consultant, Career and Technical Education, 615-532-2834				
For information regarding the adoption process, please contact: Morgan Branch, Director, Textbook Services, 615-253-3160, Morgan.Branch@state.tn.us				



Bids will be accepted for instructional materials using the following selection classifications and method(s) of delivery:

Basal Text - This designation identifies an on-level program for use at a particular grade level. *The basal should address the standards, learning expectations and performance indicators of the subject area curriculum.* The basal program is the one that local boards of education are encouraged to adopt and make available for most students.

Co-Basal Text – This designation identifies a program which addresses **one or more** elements of the subject area curriculum, *but fails to address other elements of the state curriculum.* Systems may adopt a co-basal for use as a supplement to address certain *elements of the subject area curriculum. This category would include supplementary materials which are not a part of a basal text program.* Each element addressed in the co-basal program must meet the same research standards as the basal programs. Co-basal texts cannot be purchased as a primary resource for instruction.

Alternative Level Text - This designation may be used to identify texts that address the needs of students **not on grade level.** Such books are designated as “*Alternative Level-Low*” or “*Alternative Level-High.*” These books may be purchased in lieu of the basal text for a **limited number** of students. Local systems do have the option of adopting a book or series as an alternative level text even though it has not been so designated in the official list. **Alternative level programs should meet the same scientifically based research standards as the basal programs.**

METHOD OF DELIVERY

Technology Dependent – This designation identifies a program which requires technological hardware, software, and/or infrastructure for its implementation. Local school systems adopting these programs are responsible for determining the necessary platforms and infrastructure to support these programs and for providing the technology necessary to deliver instruction.

Traditional – Programs that may use a variety of delivery methods and that are not exclusively dependent on technology.

Reviewer Application

Section II

Contract Forms

The following forms are to be **completed and returned with your Reviewer Application**

4. **Vendor/Grantee Registration** - A copy of this form is enclosed, so that you may see the information needed. You are considered the “Vendor/Grantee.” Use your name and information for all questions.
 - a. **Complete pages 1, 2 and 5.**
 - b. **For Page 2, #10 use class 915 subclass 13 (915-13)**
 - c. **Please make sure that you press “Submit” to enter you information into the state’s Vendor Database.**
 - d. **No not send the printed copy to us.**

www.state.tn.us/finance/rds/ocr/register.html

This is required in order to start the contract process, if you are selected as a reviewer. If you are not selected as a reviewer, then the information can be used in the future for other state related projects where your expertise as a teacher is needed. This is a one-time registration as a service provider for the State of Tennessee.

5. **W-9 Form Request for Taxpayer Identification Number and Certification.**

Steps and Site for Provider Registration

- The site for vendors to register as a Service Provider is:
<http://www.state.tn.us/finance/rds/ocr/register.html>
- To determine their class/subclass code (Page 2 #10 of the form) use 915 subclass 13 (915-13)
- The vendor will need to complete pages 1, 2 and 5.
- **Please make sure that you press “Submit” to enter you information into the states’s Vendor Datablase.**
- The vendor can call the help desk at 741-6875 for assistance with the form.

<http://www.state.tn.us/finance/rds/ocr/register.html>





VENDOR/GRANTEE REGISTRATION

State of Tennessee
Department of General Services
William R. Snodgrass TN Tower 3rd Floor
312 Eighth Avenue North
Nashville, Tennessee 37243
Office No. 615-741-1035 Fax No. 615-741-0684
www.tennessee.gov/generalserv/purchasing

When answers require additional space, use plain white paper. Please answer all questions as completely as possible. It is important that you respond to all questions. You must include all attachments requested. Please Note: if required support documents are not included, the processing of the registration form will be delayed. Refer to Instructions BEFORE SUBMITTING.

1. FEDERAL IDENTIFICATION NUMBER: Please enter either your Federal Employer Identification Number or Social Security Number.

Check Only One

☐ FEIN

☐ SSN

Number: _____

SECTION I: GENERAL BUSINESS INFORMATION

2. LEGAL ORGANIZATION NAME:

3. ORGANIZATION ADDRESS: Please enter all information for the primary location of this business. Please Do Not enter a P.O. Box.

(Address) _____

(County Code) _____

(Suite or Office) _____

(City) _____ (State) _____ (Zip) _____ (Zip +4) _____

Telephone Number (____) _____ - _____ X _____

Fax Number (____) _____ - _____ X _____

Email _____

Website _____

3.1 Address to which Solicitations are to be mailed:

(Address or P.O. Box) _____

(Suite or Office) _____ (County) _____

(City) _____ (State) _____ (Zip) _____ (Zip +4) _____

3.2 Address to which Payments are to be mailed: (if different from above)

(Address or P.O. Box) _____

(Suite or Office) _____ (County) _____

(City) _____ (State) _____ (Zip) _____ (Zip +4) _____

3.3 Address to which Purchase Orders/Contracts are to be mailed: (if different from above)

(Address or P.O. Box) _____

(Suite or Office) _____ (County) _____

(City) _____ (State) _____ (Zip) _____ (Zip +4) _____

4. ORGANIZATION CONTACT: Please enter all information for the individual who will be the primary contact for your business with our office.

(Last Name, First Name & Middle Initial) _____ (Title) _____

4.1 Person(s) Authorized to sign Bids/Proposals (Type or print)

1. _____ (Name) _____ (Email address) _____ (Title)

2. _____ (Name) _____ (Email address) _____ (Title)

3. _____ (Name) _____ (Email address) _____ (Title)

SECTION II: BUSINESS ASSESSMENT / NEEDS ANALYSIS

5. GROSS ANNUAL RECEIPTS: Last tax year. Please circle one:

(a) \$0 - \$500,000 (b) \$500,001 - \$750,000 (c) 750,001 - \$1,000,000 (d) \$1,000,001 - \$2,000,000 (e) Over \$2,000,000

6. ORGANIZATION HISTORY:

a. Date business established _____ If less than 2 years, please submit resume.
(MM/DD/YYYY)

b. Has there been a change in ownership within the last 2 years?
☐ Yes ☐ No

c. If yes, previous firm name and owner

d. Was organization acquired? ☐ Yes ☐ No

e. If Yes, date acquired _____

7. TYPE OF ORGANIZATION ACTIVITY: Select one only.

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, Forestry or Fishing | <input type="checkbox"/> Medical/Healthcare |
| <input type="checkbox"/> Architectural/Design/Engineering | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Finance, Insurance & Real Estate | <input type="checkbox"/> Service Industry |
| <input type="checkbox"/> Information Systems/Technology | <input type="checkbox"/> Transportation, Commerce & Utilities |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Marketing/Communications/
Public Relations | |

8. LEGAL STRUCTURE OF THE ORGANIZATION: *Please refer to registration instructions and submit documentation requested applicable to your business' legal structure.*

☐ Sole proprietorship/Individual ☐ Partnership ☐ LLC ☐ Corporation type_____ (S or C) ☐ Non-Profit

☐ Other (explain)_____ If Incorporated: ☐ State of incorporation_____ Date of incorporation_____

☐ Government ☐ State authorization to transact business (*Applies to out of state businesses doing business in the state of Tennessee ONLY*)

9. OWNERSHIP ETHNICITY: *Check one only.*

☐ African American ☐ Hispanic American ☐ Native American ☐ Asian American ☐ Caucasian ☐ Other

10. Indicate the TCC (Class and Subclass Numbers) below for those goods and services you wish to provide to the State of Tennessee. Refer to Alphabetic Class Listing and Numeric Bid List Subclass listing for appropriate Tennessee Commodity Code Number at <http://www.state.tn.us/generalserv/purchasing/alphatcc.htm>

[illegible]

11. WORKFORCE:

a. Number of full-time employees

☐ If not seeking certification as a Minority, Woman or Small Business Enterprise, please check this box and skip to number 26.

12. PROFESSIONAL BUSINESS LICENSE: Specify type of work: CPA, attorney, security, contractor, etc.

City _____ State _____ Number _____

Expiration Date _____ Limit: _____

Type of Work _____

13. KEY PERSONNEL: Provide names and titles.

a. _____

b. _____

c. _____

14. INSURANCE INFORMATION: Please check the type of insurance carried by your business.

☐ General Liability

☐ Automotive

☐ Workman Comp

☐ Professional Liability

☐ Other

15. INSURANCE COMPANY: If applicable for your business, list the company name, address, telephone number and name of a contact person for your insurance carrier. Provide copy of current certificate.

(Company Name) _____

(Suite or Office) _____

(Address) _____

(City) _____ (State) _____ (Zip) _____ - _____ (Zip+4)

Telephone Number (_____) _____ - _____ X _____

Contact Name _____
(Last Name, First Name & Middle Initial)

16. BONDING COMPANY: If applicable for your business, list the company name, address, telephone number and name of a contact person for your bonding company.

(Company Name) _____

(Suite or Office) _____

(Address) _____

(City) _____ (State) _____ (Zip) _____ - _____ (Zip+4)

Telephone Number (_____) _____ - _____ X _____

Contact Name _____
(Last Name, First Name & Middle Initial)

17. BONDING INFORMATION: If applicable for your business, please enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit.

Bonding Limits Per Job \$ _____ Total \$ _____ Bonding Rate \$ _____ Bid Amount Limit \$ _____

18. DIVERSITY PROJECT INFORMATION: List the name of the major projects, dollar value and year that you participated as a diversity business (minority or woman-owned or small business).

a. _____ \$ _____ Year _____

b. _____ \$ _____ Year _____

c. _____ \$ _____ Year _____

19. CLIENT REFERENCES: List the business names, address, telephone number and name of a contact person for three clients.

a. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4)

(Contact Name - Last Name, First Name & Middle Initial) Telephone Number (_____) _____ - _____ X _____

b. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4)

(Contact Name - Last Name, First Name & Middle Initial) Telephone Number (_____) _____ - _____ X _____

c. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4)

(Contact Name - Last Name, First Name & Middle Initial) Telephone Number (_____) _____ - _____ X _____

20. Please enter any specific products, goods or services you desire to provide to the State of Tennessee (refer to instructions - Accessing Products and Service Codes) _____

SECTION III: ORGANIZATION OWNERSHIP AND MANAGEMENT CONTROL

Please provide the following information to claim status as a minority or a woman-owned or small business enterprise.

21.

- a. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? ☐ Yes ☐ No
If yes, provide the name, address and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.
- b. Does the applicant's business concern or any person listed as owners, partners or officers of your company have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? ☐ Yes ☐ No (Such agreements include, but are not limited to management and joint venture agreements.) If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.
- c. Is the applicant's business concern involved in any present or pending lawsuit? ☐ Yes ☐ No If yes, provide details on a separate sheet.
- d. Is the applicant's business concern involved in a bankruptcy or insolvency proceeding? ☐ Yes ☐ No
- e. Have you ever been rejected for certification by any agency? ☐ Yes ☐ No
- f. What other current certification(s) does your company have? _____

22.

Are you a person with a disability? ☐ Yes ☐ No

Please mark only one box (either Minority, Women, or Small). Please refer to instructions. If more than one box is selected, your application will be returned to you.

☐ **Minority Business Enterprise**

Solely owned or at least 51% owned by a minority person or persons who control daily operations.

- ☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

☐ **Women Business Enterprise**

Solely owned or at least 51% owned by a female person or persons who control daily operations.

- ☐ Non-Minority
☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

☐ **Small Business Enterprise**

See Registration Instructions for Definition

- ☐ Non-Minority
☐ Female
☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

23. OWNER/PARTNER/OFFICER INFORMATION: Please complete the following section for all owners, partners and officers. Attach additional pages if needed.

	Gender	Minority	Citizen	Years	% of	Voting	No. of	Cost of	Type
Name & Title	(M/F)	(Race)	(Y/N)	Owned	Ownership	%	Shares	Shares	of Shares
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION IV: REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN ENTERPRISE

Please refer to the application instructions for the complete Documentation Checklist of the required documents when claiming status as minority, woman owned or small business enterprise.

24. MINORITY OR WOMAN WHO OWN AT LEAST 51% OF BUSINESS: Please submit two of the following documents for each owner as required to substantiate status.

- ☐ U.S. Birth Certificate ☐ U.S. Passport ☐ Driver License ☐ Tribal Card w/Number ☐ Permanent Resident Alien Registration

SECTION V: TECHNICAL ASSISTANCE:

Management and technical assistance may include referral to the state of Tennessee Department of Economic and Community Development (ECD). Consultation is available to individuals who are interested in starting a business, buying a business, or expanding an existing business. ECD consultants provide counseling to individuals regarding structuring financial plans, preparing loan applications, strategic planning, and guidance for writing business plans. Economic and Community Development maintains an extensive network of public and private sector financial institutions and business management resource agencies.

25. REQUESTED ASSISTANCE: *Please provide, in detail, an explanation of requested assistance on a separate sheet.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Start-up assistance | <input type="checkbox"/> Working capital | <input type="checkbox"/> Developing a business plan |
| <input type="checkbox"/> Buying a business | <input type="checkbox"/> Counseling | <input type="checkbox"/> Expanding an existing business |

26. SOLICITATION NOTIFICATIONS:

The state of Tennessee would prefer to email solicitation notifications. If this is acceptable, please provide your email address. _____

(Email address)

If you do not provide an email address, you will receive your solicitation via the United States Postal Service.

27. DISCLOSURE:

Are any employees of this firm current employees of the state of Tennessee or former employees of the state of Tennessee (within the last six months)?

- ☐ Yes ☐ No

If so, please attach a list of these employees, to include name, social security number and position within your firm including ownership and interest.

NOTE: All vendors must comply with TCA 12-4-103 "Bidding by State Employees Prohibited." It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to the State of Tennessee during tenure of such official's or employee's office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.

28. AFFIRMATION:

The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that he/she is a legal citizen of the United States or Permanent Resident Alien and that the information given above is true, accurate and includes pertinent information necessary to identify and explain the operations of _____ to the best of my knowledge and is in no way misleading.

(Business Name or Business Name DBA, if sole proprietor)

Should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Tennessee Department of General Services.

(Type or Print Name of Principal Owner)

(Signature of Principal Owner)

(Date)

T.C.A. Section 4-21-904 Discrimination by funded programs prohibited. - It is a discriminatory practice for any state agency receiving federal funds making it subject to Title VI to the Civil Rights Act of 1964, or for any person receiving such federal funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color, or national origin. The Department of General Services, state of Tennessee, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its program or activities and is in compliance with ADA (Americans with Disabilities Act of 1990) 42 U.S.C. 12101.

29. EMERGENCY INFORMATION: *Optional*

In the event of a natural disaster, please provide an after-hour emergency phone number if you would like to be contacted for goods/services.

Contact Person

(_____) _____ - _____
Telephone Number

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
-

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

____ - ____ - _____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.
If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____

Reviewer Application Checklist

Completed	Form	Disposition
	Committee Application	Mail to Office of Textbook Services
	Oath	Mail to Office of Textbook Services
	Tentative Reviewer Timeline	For Your Information - Keep
	Form I – Categories to be Bid/Reviewed	For Your Information - Keep
	Vendor/Grantee Registration	Completed and submitted online –Keep the enclosed copy
	W-9 Form	Mail to Office of Textbook Services